



Medi-Cal Health Care Program Update

DECEMBER 2008

"To Enrich Lives Through Effective and Caring Service"

DISABILITY - IMPORTANT REMINDERS!

It is important that staff pays special attention when completing the *Disability/DAPD Information-View Mode* screen on LEADER. They must ensure that the selected disability source is **"SSA Disability Award Letter"** when the individual is receiving Social Security (Title II) disability benefits. A recent review found that when the **"SSI Award Letter"** was erroneously selected as the disability source instead of the **"SSA Disability Award Letter"**, LEADER did not evaluate these cases for the Aged and Disabled Federal Poverty Level (A&D FPL) Program. The result of this simple mistake created a share of cost (SOC) to disabled individuals who were eligible for zero SOC Medi-Cal benefits under the A&D FPL.

Before submitting the disability packet, do not forget to annotate on Section 10 of the *MC 221 LA (06/07)-Disability Determination and Transmittal Form*, the spoken/written language the applicant has selected as indicated on the *PA 481-Language Designation Form*. This information is crucial since State Programs-Disability Determination Service Division (SP-DDSD) is now required by law to communicate and send any written material during the disability evaluation process in the language the applicant has selected. *RV*

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WHAT HAPPENED TO MY HEALTH CARE?

Did you know Medi-Cal beneficiaries who have a no Share of Cost (SOC) aid code must be in a mandatory managed care plan with the exception of aged/disabled recipients? As mandatory managed care recipients, their Medi-Cal services are provided through a contracted Managed Care Provider.

Beneficiaries enrolled in a Managed Care Plan who have a change in circumstance that causes them to have a SOC on their Medi-Cal case, will be automatically disenrolled from their Managed Care Plan. They will then be required to find a provider who will accept their Medi-Cal on a fee for service basis.

Managed Care recipients who are about to be disenrolled from their Health Plan are sent a flyer from their Health Care provider alerting them that they are about to lose their Medi-Cal benefits and are urged to contact their Medi-Cal worker immediately to resolve the issue. This information is misleading in that it gives the beneficiary the impression that they will be losing their Medi-Cal benefits, when in fact they will only be disenrolled from their managed care health plan due to their SOC. Should staff receive questions on this, review the case on LEADER and MEDS. If the disenrollment is the result of a SOC, assure the client they are not losing their Medi-Cal benefits and explain to them how the changes affect their case.

The LEADER generated SOC Notice of Action (NOA) informs beneficiaries who have a SOC that:

1. Their children may be eligible to the Healthy Families Insurance Program and/or
2. Beneficiaries who had been receiving Medi-Cal through a Managed Care Health Plan would no longer be enrolled in that plan because they have a SOC.

Staff is to be aware that not all LEADER generated NOAs have the language regarding loss of coverage through the Managed Care Plan. A LEADER Change Request to ensure all applicable SOC NOAs generated by LEADER are revised to include the required language is in development. In the meantime, when issuing a manual SOC NOA, be sure to use the revised version which includes language about the Managed Care Health Plans and the Healthy Families Insurance Program. Forms Manual Letter #4068 references the pertinent manual NOAs which have been revised and is available in the document library.

Reference: AM 98-39, dated 10/29/98

LS

Unrelated Adult Caretaker

When an unrelated adult applies for Medi-Cal on behalf of a minor child, please contact Medi-Cal Program for instructions on how to handle these case situations.

LM

Don't FORGET!

Reminder - log off/lock your computer

In order to protect the participant's confidentiality, staff must ensure that their computers are logged off/locked and all case records are properly filed when walking away from their desk or leaving the work area for break or lunch. This also applies to MEDS and/or LEADER screen print outs which should be turned face down when the Eligibility Worker leaves their desk.

Reference: ACWDL 08-04 Dated 02/05/08

PM

Reminder!

MEDI-CAL APPLICATION PROCESSING TIME (44 days not 45)

Medi-Cal Program was recently made aware that the Application Control Log used by staff to monitor Medi-Cal case processing time, counts the 45 days starting with the day after the application date. **However, per state policy, the 45 days begins with the date the application is taken and ends when the notice of action is issued.** Due to the impact on the Department's processing rate, Medi-Cal applications **must** be processed by the 44th day listed on the Application Control Log. When an application is not processed within the 44 days because an extension is granted, the reason for the extension must be documented in Case Comments.

Note: The 44 day period may be extended if the applicant has a good reason for not providing the necessary verification to complete a determination of eligibility.

Reference: Medi-Cal Eligibility Procedures Manual, Section 4J, 50177

APG

THE BACKLOG ON DISABILITY REFERRALS IS OVER!

During a recent meeting with State Programs-Disability Determination Service Division (SP-DDSD), Medi-Cal Program Section was informed that the backlog of disability referrals no longer existed. Therefore, the disability packets are assigned to a disability analyst as soon as they are received. This has been evident in the reduced turn-around time for the disability referrals submitted to the State lately. It is very important that referrals are submitted to SP-DDSD immediately and equally important that staff dispose the case as soon as the disability determination is received at the District Office in order to comply with the 90-day processing time.

There might be instances in which SP-DDSD discovers that the referred individual also has a pending Social Security disability or Supplemental Security Income (SSI) application. On these cases, SP-DDSD waits until a disability decision is reached at the federal level and adopts the federal decision on the disability referral submitted by the County. Staff must document when this and any other situations beyond the County's control caused the disability processing to go over the 90-day processing period.

Reference: Administrative Directive #4707, dated 02/19/08.

RV

PEACE

ALERT!! The PRUCOL Verification Process Remains Unchanged

Several District Offices have reported receiving memos from United States Citizenship and Immigration Services (USCIS) indicating that "PRUCOL is not recognized as an immigration status." **The PRUCOL verification process has not changed.** Districts are to continue to administer the primary/secondary SAVE verification process as indicated in AM 04-07 (dated 03/22/2004). Therefore, full-scope Medi-Cal benefits are **not** to be denied/delayed for immigrants claiming PRUCOL until USCIS provides verification that the immigrant does not have satisfactory immigration status (SIS). District staff is to continue the usual SAVE verification process until new written instructions regarding PRUCOL is received from the State Department of Health Care Services (DHCS).

Reference: ACWDL 92-48 (dated 08/07/92)

TB

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